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15757 U.S. PTO
08/22/03
10/646070

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 546322000303 First Inventor Michael W. GRAHAM and Robert N. RICE Title CONTROL OF GENE EXPRESSION Express Mail Label No. EV 990 374 799 US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		MS Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification [Total Pages] 81 <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets] 68		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration [Total Sheets] 2		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small>		11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pgs)		13. <input checked="" type="checkbox"/> Preliminary Amendment (11 pgs)	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/646,807 filed 12/5/00; <small>CONTINUED ON PAGE 2</small>		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
Prior application information: Examiner D. Sullivan Art Unit: 1636		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small>	
17. <input checked="" type="checkbox"/> Other: REQUEST TO TRANSFER SEQUENCE LISTING FROM RELATED APPLICATION - 2 pgs			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number: 20872 OR <input type="checkbox"/> Correspondence address below			
Name _____			
Address _____			
City _____		State _____	Zip Code _____
Country _____		Telephone _____	Fax _____
Name (Print/Type)		Registration No. (Attorney/Agent) 54,552	
Signature		Date August 22, 2003	

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Dated: 8/22/03 Signature:  (Lilia Olsen) EL 990374799US

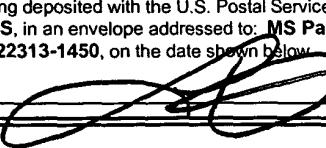
PAGE 2 of 2

Attorney Docket: 546322000303

18. CONTINUED: If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

which was a 371 of PCT/AU99/00195 filed March 19, 1999, which is a Continuation-in-Part of United States Patent Application Serial No. 09/100,812, filed June 16, 1998 (now U.S. Patent No. 6,573,099, Issued June 3, 2003), which claimed priority to Australian Patent Application No. PP 2492 filed March 20, 1998 and Australian Patent Application No. PP 2499 filed March 20, 1998.

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08/22/03

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PTO/SB/17 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **726.00**

Complete if Known

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Michael W. GRAHAM
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	546322000303

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account

Deposit Account Number **03-1952**

Deposit Account Name **Morrison & Foerster LLP**

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** **0.00**

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1) (\$)		375.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

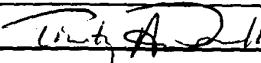
Total Claims	Extra Claims	Fee from below	Fee Paid
59	-20** =	39 x 9 =	351
2	-3** =	0- x -0- =	0-
Multiple Dependent		=	

Large Entity Small Entity

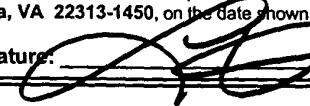
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		351.00		

**or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

Name (Print/Type)	Timothy A. Worrall	Registration No. (Attorney/Agent)	54,552	Telephone	(415) 268-7151
Signature				Date	August 22, 2003

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Dated: **8/22/03** Signature:  (Lilia Olsen)